County: Sheboygan BEECHWOOD REST HOME

N1495 W CTH A KEMVCKIIM

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KEWASKUM	53040	Phone: (920) 994-4717		Ownership:	Corporati on
Operated from 1	/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conju	nction with l	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds S	et Up and Sta	affed (12/31/01):	26	Title 18 (Medicare) Certified?	No
Total Licensed B			26	Title 19 (Medicaid) Certified?	Yes
Number of Reside			26	Average Daily Census:	24
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	53. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	34. 6
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	11. 5
Day Services	No	Mental Illness (Org./Psy)	11. 5	65 - 74	0. 0		
Respite Care	Yes	Mental Illness (Other)	19. 2	75 - 84	46. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38. 5	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3.8	95 & 0ver	15.4	Full-Time Equivalent	t
Congregate Meals	Cancer	İ	[Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	19. 2	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	11. 5	`		RNs	9. 9
Referral Service	No	Di abetes	3.8	Sex	% j	LPNs	9. 3
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	30.8	Male	11.5	Ai des, & Orderlies	37. 7
Mentally Ill	No			Female	88. 5		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No	·			100. 0		
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Method of Reimbursement

		ledicare itle 18			edicaid itle 19	_		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	18	100.0	121	0	0.0	0	1	12. 5	146	0	0.0	0	0	0.0	0	19	73. 1
Intermedi ate				0	0.0	0	0	0.0	0	5	62. 5	146	0	0.0	0	0	0.0	0	5	19. 2
Limited Care				0	0.0	0	0	0.0	0	2	25. 0	146	0	0.0	0	0	0.0	0	2	7. 7
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		18	100.0		0	0.0		8	100.0		0	0.0		0	0.0		26	100.0

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution	s, and Activities as of 12/3	31/01				
8 1 8	[Total				
Percent Admissions from:		Activities of	%	Assi sta	nce of	% Totally M	Number of
Private Home/No Home Health	16. 7	Daily Living (ADL)	Independent	One Or T	wo Staff	Dependent F	Resi dents
Private Home/With Home Health	11. 1	Bathi ng	0. 0	73	. 1	26. 9	26
Other Nursing Homes	22. 2	Dressing	15. 4	61	. 5	23. 1	26
Acute Care Hospitals	27.8	Transferring	26. 9		. 5	11. 5	26
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 1	53	8. 8	23. 1	26
Rehabilitation Hospitals	0.0	Eati ng	80. 8	15	5. 4	3. 8	26
Other Locations	22. 2	**************	******	******	******	*********	******
Total Number of Admissions	18	Continence		% Spe	cial Trea	ntments	%
Percent Discharges To:		Indwelling Or Externa				Respiratory Care	7. 7
Private Home/No Home Health	12. 5	0cc/Freq. Incontinent	t of Bladder		ecei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel			Sucti oni ng	0. 0
Other Nursing Homes	6. 3					Ostomy Care	3. 8
Acute Care Hospitals	6. 3	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0. 0 R	ecei vi ng	Mechanically Altered Diets	34. 6
Rehabilitation Hospitals	0.0						
Other Locations	0. 0	Skin Care				ent Characteristics	
Deaths	75. 0	With Pressure Sores				nce Directives	100. 0
Total Number of Discharges		With Rashes		0.0 Med	li cati ons		
(Including Deaths)	16			R	ecei vi ng	Psychoactive Drugs	50. 0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: Under 50 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 92.3 82.7 1. 12 83.8 1. 10 84.3 1. 10 84.6 1.09 Current Residents from In-County 61.5 82. 1 0.75 74.6 0.83 82. 7 0.74 77. 0 0.80 Admissions from In-County, Still Residing 55.6 18.6 2.98 33. 2 1.67 21.6 2.57 20.8 2.67 Admissions/Average Daily Census 75. 0 178.7 0.42 75.3 1.00 137. 9 0.54 128. 9 0.58 Discharges/Average Daily Census 66.7 179.9 0.37 77.3 0.86 139. 0 0.48 130.0 0.51 Discharges To Private Residence/Average Daily Census 8. 3 76. 7 0.11 15. 9 0.52 55. 2 0. 15 52.8 0.16 Residents Receiving Skilled Care 73. 1 93.6 0.78 91. 2 0.80 91.8 0.80 85. 3 0.86 Residents Aged 65 and Older 1.02 100 93.4 1.07 97. 7 92. 5 87. 5 1. 14 1.08 Title 19 (Medicaid) Funded Residents 69.2 63. 4 1.09 60.7 1. 14 64.3 1.08 68. 7 1.01 Private Pay Funded Residents 30.8 23.0 0.85 25. 6 22. 0 1. 34 36. 2 1. 20 1.40 Developmentally Disabled Residents 0.0 0. 7 0.00 1.4 0.00 1. 2 0.00 7. 6 0.00 Mentally Ill Residents 30.8 30. 1 1.02 33. 9 0.91 37. 4 0.82 33. 8 0.91 General Medical Service Residents 30.8 23. 3 1.32 24. 3 1. 27 21. 2 1.45 19. 4 1.59 49.3 Impaired ADL (Mean) 44.6 48.6 0.92 51. 1 0.87 49.6 0.90 0.91 Psychological Problems 50.0 50.3 0.99 58. 2 0.86 54. 1 0.92 51. 9 0.96

6. 2

0.93

7. 0 0. 83

6. 5

0.88

7. 3

0.79

5.8

Nursing Care Required (Mean)